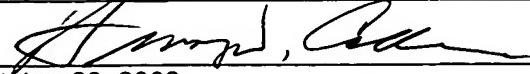


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No.	CRD5035CIP1
		First Inventor	Donald K. Jones, et al.
		Title	Self-Expanding Stent And Stent Delivery System For Treatment Of Vascular Disease
		Express Mail Label No.	EK256796254US
<b>APPLICATION ELEMENTS</b>  <i>See MPEP Chapter 600 concerning utility patent application contents.</i>		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
		U.S. PTO 10/691846 22389 	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 21] <i>(Preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive Title of the Invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 8] 5. Oath or Declaration [Total Pages ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>            Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
		a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on:	
		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies	
<b>ACCOMPANYING APPLICATION PARTS</b>			
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other			
18. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: 10/651,569, filed August 29, 2003. Prior application information: Examiner Unknown Group Art Unit: Unknown For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA			
20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Henry W. Collins at: Telephone: (786) 313-2707 Fax: (786) 313-2747			
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	Henry W. Collins	Reg. No. 25,039	
SIGNATURE			
DATE	October 23, 2003		

DOCKET NO. CRD5035CIP1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Donald K. Jones  
Vladimir Mitelberg

For : Self-Expanding Stent And Stent Delivery  
System For Treatment Of Vascular Disease

Express Mail Certificate

"Express Mail" mailing number: EK256796254US

Date of Deposit: October 23, 2003

I hereby certify that this complete application, including specification pages, claims, formal drawings, Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Carmen Tejeda

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)

**FEE TRANSMITTAL**

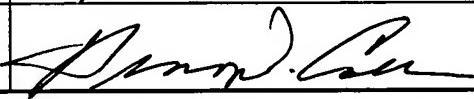
Complete if Known	
Application Number	Unknown
Filing Date	October 23, 2003
First Named Inventor	Donald K. Jones, et al.
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	CRD5035CIP1

**FEE CALCULATION****CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	20 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 750.00

**METHOD OF PAYMENT**

- Please charge Deposit Account No. 10-0750/CRD5035CIP1/HWC in the amount of \$750.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/CRD5035CIP1/HWC. Three copies of this sheet are enclosed.

SUBMITTED BY:		Complete (if applicable)	
Typed or Printed Name	Henry W. Collins		Reg. No. 25,039
Signature		Date: October 23, 2003	Deposit Account No. 10-0750